## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docke: Number

Effective October 1, 2003										10	<u>/5</u> .	1151	8
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OF		R THAN ENTITY	
TOTAL CLAIMS							•		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 475		BASIC FEE		
TOTAL CHARGEABLE CLAIMS			\\ minus 20⊭		•			XS 9=	<del>-  </del>	OR	1000		
INDEPENDENT CLAIMS .			\ minus 3 =					X43=	++	7	Yes		
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT .						++	OR			
• •	the difference	e in column 1 is	less than zero, enter "0" in column 2						+145=	<del>  `</del>	OR		
·									TOTAL	ــــــــــــــــــــــــــــــــــــــ	OR	TOTAL	
		Column 1)		IENDED - PART II (Column 2) (Column 3)					SMALI	ENTITY	OR	OTHER	
AMENDMENT A	3/26/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER		SENT TRA		RATE	ADDI- TIONAI FEE	]	RATE	ADDI- TIONAL FEE
E ON	Total	. 10	Minus	- 2	20	-	/		XS 9=		OR	XS18=	
AME	Independent	. 6	Minus	/	5	-/	/		X421s ·	100	OR	X86=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		98	+290=		
								ı	TOTAL		124	TOTAL	•
(Column 1) (Column 2) (Column 3)										·	<b>_</b>	ADDIT. FEE	
AMENDMENT B	5/14/07	CLAIMS REMAINING AFTER AMENDMENT	•	HIĞHE NUMB PREVIOI PAID F	ER USLY	PRES		] [	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž N	Total	• /0	Minus	•• 2	0	-			XS 9=		OR	X\$18=	
AME	Independent	• 6	Minus	**** {	5	<u> </u>			X43=	_	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							Ī	+145=		OR	+290=	
								L	TOTAL		OB.	TOTAL	
(Column 1) (Column 2) (Column 3)									DDIT. FEE			ADDIT. FEE	
CNI C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ST FR ISLY	PRES	ENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>§</b>	Total	•	Minus	••		8		ſ	X\$ 9=		OR	X\$18=	
S L	Independent		Minus	•••		8			X43=		l	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  **If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.*  **ADDIT SEE													
	THE THIGHEST NUM	nber Previously Paid ber Previously Paid	d For IN THIS	SPACE HE	ore than	3 ceto			DIT. FEE	propriate bo	, ,	NDDIT. FEE <b>l</b> IMM 1.	